

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

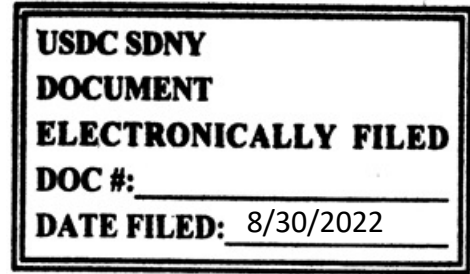
WOODROW PREACELY,

Plaintiff,

-against-

U.S DEPARTMENT OF HOUSING and URBAN
DEVELOPMENT, OFFICE OF INVESTIGATIONS,

Defendant.



ORDER

22-CV-6446 (AT) (KHP)

KATHARINE H. PARKER, United States Magistrate Judge.

The deadline for Defendant to answer or respond to the Complaint is **October 25, 2022**.

Additionally, Plaintiff has requested a PACER fee exemption. PACER usage fees are automatically waived for accessing judicial opinions, documents viewed at a courthouse public access terminal, and a copy of electronically filed documents in a case in which the user is a party. *Oliva v. Brookwood Coram I, LLC*, 2015 WL 1966357, at *1 (E.D.N.Y. Apr. 30, 2015). A court in its discretion may grant an additional fee exemption where necessary to avoid unreasonable burdens and promote public access to information. *In re Club Ventures Invs. LLC*, 507 B.R. 91, 99 (S.D.N.Y. 2014) (citation omitted). Here, Plaintiff alleges he is indigent and has a mobility impairment. While indigency alone is not typically sufficient to qualify for a fee exemption, Plaintiff's indigency together with his mobility impairment makes it burdensome for him to access PACER through the courthouse public access terminal. Accordingly, Plaintiff has demonstrated that an exemption is necessary

Plaintiff shall therefore be exempt from the payment of fees for access via PACER to the electronic case files maintained in this Court, to the extent such use is incurred in connection


with research in this litigation. Plaintiff shall not be exempt from the payment of fees incurred in connection with other uses of PACER, and he may not sell for profit or transfer any data obtained as a result of receiving this exemption. This exemption is valid from August 30, 2022 to August 29, 2023. This exemption may be revoked at the discretion of the Court at any time.

Plaintiff is advised that he may also apply to proceed in this action without prepaying fees or costs by completing the attached form and returning it to the pro se office.

The clerk of the court is respectfully directed to mail copies of this order to (i) Plaintiff, (ii) Defendants, and (iii) the PACER Service Center.

SO ORDERED.

Dated: New York, New York
August 30, 2022



KATHARINE H. PARKER
United States Magistrate Judge

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person
must submit a separate application))

-against-

CV _____ () ()

(Provide docket number, if available; if filing this with
your complaint, you will not yet have a docket number.)

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? _____

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(b) Rent payments, interest, or dividends	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

- | | | |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)